

PANDAYAN BOOKSHOP, INC.

Supplier:

## Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

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PO No. 2024 116

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840.00 36.00 

## **PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

		Tapuac, Dagupan City			5/22/2024, signs should be	
		09237438143		Terms of Payment:		
			n: 002-857-329-143 V	Mode of Procurement:	: Negotiated Procurement,	
Sta	Please de	ille Eliver to this	office on May 25, 2025 from receipt hereof the following:	Small Value Procurement		
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
1	5	packs	Beer Pong Cup, 10 pcs. Cups w/ 2 pcs. Pingpong ball	168.00	840.00	
2	12	pcs.	Balloon Sticks	3.00	36.00	
3	6	pcs.	Party Popper	118.00	708.00	
		(P)	xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx		The second design of	
	39-3-10-3-		Less:	TOTAL	1,584.00	
			VAT (5%/1.12)		70.71	
		1	PR No. 24-0521-0247 (5029918002)		731.7.1	
ic.	iige	1.Av	PURPOSE: Conduct of CY 2024 Employees' Day Celebration	TOTAL - NET	1,513.29	
Term	s & Condit	ions:				

- 1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be
- 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of
- 4 PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in" cash" or "in check" three (3) calendar days. By the authority of the MSD CF
- 6 Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

SALLY S. COMEZ

			Very truly yours,	HRMO III/Acting ASS Chi
grand de la				NTHIA S. SANTOS
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JOSE A. MONES. Fiscal Controller III	EDWARD Q. ESPIRITU  FC IV / FMS Chief	ount of: 11 5 4,16	APPROVED:	1-5-3-21 aday san
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Expense Code: 50	029918002/50B12		DENNIS B. ADRE  Regional Progression, PROJECTION	
Conforme:	STINE TAURETA	Date: Traky	By! CYNTHIA Division C OIC-RVP	A S. SANTOS, DPA Thief IV / MSD Chief PRO 1
Signature over	Printed Name and Position of Authori	zed Representative	A TEN	Date 36.0
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			AUDIT TEAM R1-04 (PHIC G	roup) 708.0
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